

## CHECKLIST OF RESPONSIBILITIES FOR SCIENTIFIC EDITORS

Manuscript page number: 36

Item No.	Specific items for verification	Comments Yes=[Y] No= [N]
1	<p><i>General Information of the Manuscript</i></p> <p><b>Name of journal:</b> World Journal of Clinical Cases</p> <p><b>Manuscript NO.:</b> 60660</p> <p><b>Column:</b> Retrospective Cohort Study</p> <p><b>Title:</b> Expected outcomes and patients' selection before chemoembolization – "Six-and-Twelve or Pre-TACE-Predict" scores may help clinicians: Real-life French cohorts results</p> <p><b>Authors:</b> Xavier Adhoute, Edouard Larrey, Rodolphe Anty, Patrick Chevallier, Guillaume Penaranda, Albert Tran, Jean-Pierre Bronowicki, Jean-Luc Raoul, Paul Castellani, Hervé Perrier, Olivier Bayle, Olivier Monnet, Bernard Pol and Marc Bourliere</p> <p><b>Reviewer code:</b> 03741310</p> <p><b>First decision:</b> 2020-12-13 19:21</p> <p><b>Scientific Editor:</b> Chen-Chen Gao</p> <p><b>Date of signature:</b> <u>January 29, 2021</u> (month/day/year)</p>	[Y]
2	<p><i>Editorial Office's Comments</i></p> <p><b>Science Editor:</b> 1 Scientific quality: The manuscript describes a retrospective cohort study of the "Pre-TACE-Predict" scores before chemoembolization. The topic is within the scope of the WJCC. (1) Classification: Grade C; (2) Summary of the Peer-Review Report:</p>	[Y]

The authors have published at least two manuscripts reporting similar analysis and results with the same French cohort. The authors have replied the comments raised by the reviewer#03741310; and (3) Format: There are 5 tables and 4 figures. A total of 32 references are cited, including 10 references published in the last 3 years. There are 3 self-citations. 2 Language evaluation: Classification: Grade A. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, and the Institutional Review Board Approval Form. Written informed consent was waived. The authors need to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and fill out the STROBE checklist with page numbers. No academic misconduct was found in the Bing search. The CrossCheck results showed the similarity to be high. According to our policy, the overall similarity index should be less than 30%, and the single-source similarity should be less than 5%. Please rephrase these repeated sentences. 4 Supplementary comments: This is an unsolicited manuscript. The topic has not previously been published in the WJCC. The corresponding author has not published articles in the BPG. 5 Issues raised: (1) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and (2) I found the authors did not write the “article highlight” section. Please write the

"article highlights" section at the end of the main text. 6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

**Editorial Office Director:** The authors have replied the comments raised by the reviewer#03741310: we read with interest the reviewer's commentary (03741310) regarding our manuscript entitled: "Expected outcomes and patients' selection before chemoembolization: "Six-and-Twelve or Pre-TACE-Predict" scores may help clinicians. Real-life French cohorts results" This manuscript concerns Hepatocellular carcinoma (HCC) treated by transarterial chemoembolization and the latest selection models for this treatment modality, in particular the "pre-TACE-predict" model published in Hepatology 2020 Jul;72(1):198-212 (doi: 10.1002/hep.31022 (Han G, Johnson PJ)). Contrary to what is reported, we have not evaluated this model in our previous papers, and these two models ("pre-TACE-predict","Six-and-Twelve") have not been compared so far. We have evaluated the "Six-and-Twelve" model in two previous papers, more precisely, in letters to Editor (Journal of Hepatology; World journal of Hepatology). It appeared logical to us given the performances of the "Six-and-Twelve" model to compare it to the "pre-TACE-predict" model, because one would have asked us as a secondary request probably. While these two scores have been evaluated in multi-center cohorts and are reported as high performing models, we do not find the published results. The "pre-TACE-predict" score does not outperform the others , and we do not find four groups

	<p>with different prognosis but only three groups. The stratification is therefore quite similar to the "6/12" model. In addition, our study includes a second cohort with HCCs of different stages, including HCCs with vascular invasion like some of the cohorts that contributed to the "pre-TACE-predict" model, and the results again differ from those published, with performances of the two latest scores ("pre-TACE-predict" and "6/12") significantly lower , and we explain the reasons for this in the discussion. The "pre-chemoembolization" scores, however, may have some usefulness especially with the new treatment modalities available in HCC, we also explain in the discussion. We believe that this study, based on real life cohorts, provides some insights on scores before chemoembolization treatment. We do not understand the reviewer's comments and we kindly invite the editor to take our comments into account for final assessment of the manuscript. Sincerely xavier adhoute; marc bourlière</p> <p><b>Company Editor-in-Chief:</b> I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.</p>	
3	The fixed headings are copied.	[ Y ]
4	The title concisely summarizes the main topic of the study and is	[ Y ]

	not too long (no more than 18 words). Words such as ‘exploration’, ‘research’, ‘analysis’, ‘observation’, and ‘investigation’ are avoided. The title does not start with ‘The’ and does not include any Arabic numbers or uncommon abbreviations.	
5	A short running title is provided (no more than 6 words).	[Y]
6	The authors' full family (sur)names and full/abbreviated first names are listed on the title page and are consistent with those listed in the signed BPG Copyright License Agreement form.	[Y]
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8	The ‘Supported by’ statement describes the source(s) of financial support and includes the corresponding identification number(s) and program ID(s) if available, and contains no spelling errors.	[N]
9	The ‘Corresponding author’ passage provides the corresponding author’s full first and family (sur)names, abbreviated title ( <i>e.g.</i> , MD, PhD), affiliated institute’s name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors.	[Y]
10	The Manuscript Tracking information ( <i>i.e.</i> , Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor	[Y]

	and date for each item, and contain no spelling errors.	
11	<p>The Abstract section is formatted according to the article-specific style (structured <i>vs</i> unstructured) and word count thresholds, as follows:</p> <p><u>Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight:</u></p> <p>Non-structured abstract that is no less than 200 words.</p> <p><u>Field of Vision, Case Report and Letter to the Editor:</u></p> <p>Non-structured abstract that is no less than 150 words.</p> <p><u>Research articles:</u> Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words).</p>	[Y]
12	The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon.	[Y]
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14	The 'Core tip' provides a summary (less than 100 words) of the study that outlines the most innovative and important arguments and core contents of the paper and will serve to effectively attract	[Y]

	readers.	
15	The 'INTRODUCTION' section clearly describes the relevant background information for the study. Only the most relevant and current (within the past 5 years) literature is cited, with the exception of rare instances of seminal literature citations. All technical terms and/or abbreviations are explained and/or defined, with the full name of abbreviations given upon first appearance in the text and the abbreviation presented in parentheses [ <i>i.e.</i> , "...computed tomography (CT)"]. First-person pronouns ( <i>e.g.</i> , 'I', 'we') are used appropriately to clearly indicate the work performed by the author(s). When weaknesses of previous studies are described in the text to highlight the innovations related to the current study, the information is presented carefully.	[Y]
16	The 'MATERIALS AND METHODS' section clearly and accurately describes all materials and methods used to obtain the data presented in the article and is adequate for a reader to repeat the study.	[Y]
17	The 'RESULTS' section concisely describes the observational and experimental results. Representative data and data that have scientific significance are emphasized. Data is presented in either the text, a table or figure ( <i>i.e.</i> , chart, diagram, graph or image), but is not repeated among each. Information presented in the tables and figures clearly describes the trends, meaning, and inferences. Results described in textual form are accurate, concise and clear.	[Y]
18	Statistical symbols are accurate. Statistical significance is expressed as <sup>a</sup> $P < 0.05$ , <sup>b</sup> $P < 0.01$ ( $P > 0.05$ usually does not need to be denoted). If there are other series of $P$ values, <sup>c</sup> $P < 0.05$ and <sup>d</sup> $P < 0.01$ are used, and a third series of $P$ values is expressed as <sup>e</sup> $P < 0.05$ and <sup>f</sup> $P < 0.01$ . Statistical data is expressed as mean $\pm$ SD or mean $\pm$ SE.	[Y]

19	The 'DISCUSSION' section (1) describes the main purpose and hypothesis of the study; (2) summarizes the most important results; (3) illustrates and explains the results (but does not simply repeat the data) and draws conclusions or inferences based on the results; (4) points out the limitations of the study and their impact on the results, as well as proposes further advice on future research topic(s) or direction(s); and (5) describes the theoretical significance and practical value of the findings.	[Y]
20	The 'ACKNOWLEDGEMENTS' section expresses gratitude to any individuals or organizations for technical support ( <i>i.e.</i> , providing instrumentation, equipment or experimental materials, and/or assistance in experimental work), non-technical services ( <i>i.e.</i> , useful inspiration, suggestions, guidance, or review), and/or any other auxiliary work.	[N]
21	The 'ARTICLE HIGHLIGHTS' section provides comments for original articles in accordance with the specified format.	[Y]
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23	Journal references have been verified to ensure that there are no duplicate references and that the PMID numbers are correct. For references not yet included in PubMed: the name of Chinese journals is spelled out using Chinese Pinyin, with the first letter of each word capitalized ( <i>e.g.</i> , <i>Shijie Huaren Xiaohua Zazhi</i> ); the name of journals in other languages are listed according to indexing information retrieved from Google. Book references are presented with all the information relevant to the electronic version.	[Y]
24	The number of cited references is appropriate for the article type, as follows: <u>Commentary</u> : no less than 50; <u>Review</u> : no less than 100; <u>Article</u> : no less than 30/26; <u>Case Report and Letter to the Editor</u> : no less than 1.	[Y]
25	The ethics-related statements are provided in accordance with the manuscript type ( <i>e.g.</i> , Manuscript No.-Institutional review board statement, Manuscript No.-Animal care and use statement, <i>etc.</i> ).	[Y]
26	The names of the peer reviewers and the scientific editor are present at the end of the paper ( <i>e.g.</i> , P-Reviewer: Hugot D S-Editor: Wang JL).	[Y]
27	The order and numerical labeling of tables and figures is consistent with their appearance and presentation in the text. Symbols in tables ( <i>e.g.</i> , +, -, ×, ÷, *) correctly correspond to the definitions in the footnotes. Only one legend is provided for each multi-panel figure consisting of color graphs, black and white graphs, or line graphs that depicts data of the same theme. For example: <b>Figure 1</b> Pathological changes in atrophic gastritis tissue before and after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ....	[Y]
28	Split pictures include flow charts, line graphs, histograms, and graphs including text. Unsplit pictures include meta-analysis	[Y]

	diagrams, PCR amplification curves, and survival curves.	
29	The author(s) highlighted the changes made to the manuscript according to the peer-reviewers' comments.	[Y]
30	The responses to the peer-reviewers' comments are consistent with the changes made to the manuscript.	[Y]
31	The revised manuscript is provided (file name: Manuscript No.-Review; <i>e.g.</i> , 870- Review). The letter of peer-reviewers' comments is provided (file name: Manuscript No.-Peer-review(s); <i>e.g.</i> , 870-Peer-review(s)). The response letter is provided (file name: Manuscript No.-Answering reviewers; <i>e.g.</i> , 870-Answering reviewers).	[Y]
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38	The text of the manuscript is typed in Book Antiqua font, 12 pt, with 1.5 line spacing.	[Y]
<b>Responsibilities of scientific editors</b>	The primary responsibilities of our scientific editors include carefully checking the entire manuscript and all accompanying materials for: (1) errors in spelling, grammar, punctuation and wording; (2) suitability of tables, figures, figure data and legends; (3) accurate and appropriate presentation of symbols ( <i>e.g.</i> +, -, ×, ÷, %, *) in tables and figures; and (4) complete and comprehensive revision of the manuscript according to the reviewers' comments.	



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